

SHARE

STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND ADMINISTRATION

Warrant/Voucher Information Sheet

1318

VENDOR #



DATE 01/25/2013

Payee

\$ 435.00



Fund / Agency

000 66500

Document Number

AP 00322633

B4R

COD3

B4RCOD3

State of New Mexico
Voucher Batch Report
Businessunit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
As of Date 01/22/2013

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
Number	Line		Line#		Description			WithHold	Year	Month		
00322633	1	I/S Meals & lodgingJ	1	542200	Employee I/S Meals & L	06101	MCGRATH BR 001		2013	01	0000097237 McGrath B 1 2	435 00
Total For Voucher												435 00

NS

FCD Audit Bureau
Sherting

RECEIVED
2013 JAN 22 AM 10 38
DFA
FINANCIAL CONTROL

AGENCY

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 1 DATE 1/5/2013

AGENCY VOUCHER NUMBER

CODE 66500

00322633

NAME Brad McGrath		CAR LICENSE NUMBER 001947SG		POST OF DUTY Roswell		PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>	
VENDOR NUMBER		MODEL Ford		RESIDENCE Roswell		ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>	
REG WORK DAY 8 00 AM THRU 5 00 PM		YEAR 2011					

DATE	TIME SHOW AM OR PM	CHARACTER OF EXPENDITURES	ODOMETER/MAP MILES	AMOUNTS			
	DEPARTURE	ARRIVAL	ENTER START & FINISH	NO OF MILES	PER DIEM	MISCELLANEOUS	AMOUNTS
1/2/2013	6 00am	Depart Roswell to Santa Fe to meet with DOH staff Overnight Santa Fe rates apply Overnight Santa Fe rates apply Overnight Santa Fe rates apply Depart Santa Fe to Roswell partial day per diem 12 0 hrs		0			0 00
1/3/2013							0 00
1/4/2013						\$	135 00
1/5/2013	6 00pm				\$	135 00	135 00
					\$	135 00	135 00
					\$	30 00	30 00
							0 00
							0 00
							0 00
							0 00
							0 00
							0 00
							0 00
							0 00
							0 00
TOTALS				0		435 00	435 00
ADVANCE AMOUNTS							
ADJUSTED							
REB'URSEMENT							


Per Diem Based (Check On)
 ACTUAL EXPENSES ☐
 APPROVED RATES ☒

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.
 Employee Signature _____ Date _____


☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1 500 PER CALENDAR YEAR FOR TRAVEL
 SECTION 10-8 5 (I) NMSA 1978

Signature (DOH General Accounting Use Only) _____ Date _____
 Signature required on overnight lodging exceeding \$215 00 per night _____

1 Brad McGrath (TYPE PAYEE NAME)
 I DO SOLAR YES/NO CLAIM OR INCLEMENTS AND OTHERS CTS AND
 COMPLETE WITH THE CLERK OF THE COURT AND DEMAND MILEAGE
 PAYEE SIGN HERE  DATE 1/3/13

JAN 17 '13 PM 3 25

[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit 66500
Voucher ID 00322633
Voucher Style Regular





Invoice Number McGrath B 1 2 1 5 13
Invoice Date 01/16/2013
Total 435 00

Vendor MCGRATH BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
SANTA FE NM 87502

***Pay Terms** Pay Now

[Schedule Payments](#)

Saved

Payment Information[Find](#) | [View All](#) First  1 of 1  Last **Scheduled Payment** 1

***Remit to**  

Location 001 

***Address** 1 

MCGRATH BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
1190 S ST FRANCIS DR SUITE N 3059
SANTA FE NM 87502

Gross Amount 435 00 USD

Discount 0 00 USD ☐ **Discount Denied**

Late Charge

Scheduled Due 01/16/2013 

Net Due 01/16/2013

Discount Due

Accounting Date

Payment Method

Bank WFB10

Account B

***Method** CHK Check

Message


Pay Group

Handling RE

***Netting** N 

[Messages](#)

Message will appear on remittance advice

[New Window](#) | [Help](#) | [Customize Page](#) | 

[Summary](#) | [Invoice Information](#) | [Payments](#) | **Voucher Attributes** | [Error Summary](#)

Business Unit	66500	Invoice Number	McGrath B 1 2 1 5 13
Voucher ID	00322633	Invoice Date	01/16/2013
Voucher Style	Regular	Total	435 00

Voucher Processing

<input checked="" type="checkbox"/> Post Voucher	<input type="checkbox"/> Close Voucher
<input checked="" type="checkbox"/> Revalue Voucher	<input type="checkbox"/> Delete Voucher

Saved**Accounting Instructions**

*Accounting Template STANDARD  Account At Gross

Match Action

*Status Ready

☐ Pay UnMatched Voucher

Transaction Currency

*Source Tables *Currency USD  Rate Type CRRNT  Exchange Rate 1 00000000

Voucher Approval

*Approval	Specify at this Level	Business Process	PROCESS_VOUCHERS 
		Approval Rule Set	Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option Group Vouchers (Auto Nur SBI Number

Prepayment

Prepayment Reference ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID  

Tax Group

